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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

09/740,288

Filing Date

December 19, 2000

First Named Inventor

Stephen M. Allen et al.

Group Art Unit

Unknown

Examiner Name

Unknown

Attorney Docket Number

BB1429 US NA

### ENCLOSURES (check all that apply)

Fee Transmittal Form

Fee Attached

Amendment / Response

After Final

Affidavits/declaration(s)

Extension of Time Request

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority Document(s)

Response to Missing Parts/ Incomplete Application

Response to Missing Parts under 37 CFR 1.52 or 1.53

Assignment Papers  
(for an Application)

Drawing(s)

Licensing-related Papers

Petition

Petition to Convert to a Provisional Application

Power of Attorney, Revocation Change of Correspondence Address

Terminal Disclaimer

Request for Refund

CD, Number of CD(s) \_\_\_\_\_

After Allowance Communication to Group

Appeal Communication to Board of Appeals and Interferences

Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

Proprietary Information

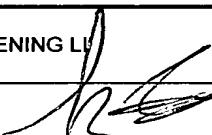
Status Letter

Other Enclosure(s) (please identify below):

*Corrected Sequence Listing  
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DECLARATION  
Power of Attorney (4)  
ADS*

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

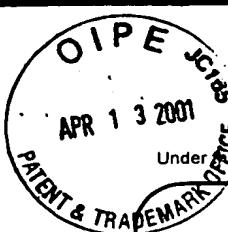
|                         |   |  |
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| Firm or Individual name | KENING LU   |  |
| Signature               |  |  |
| Date                    | 04/10/2001  |  |

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| Typed or printed name | LISA Z. TURNER        |      |
| Signature             | <i>Lisa Z. Turner</i> | Date |

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 130)

| Complete if Known    |                         |
|----------------------|-------------------------|
| Application Number   | 09/740,288              |
| Filing Date          | December 19, 2000       |
| First Named Inventor | Stephen M. Allen et al. |
| Examiner Name        | Unknown                 |
| Group / Art Unit     | Unknown                 |
| Attorney Docket No.  | BB1429 US NA            |

| METHOD OF PAYMENT (check one)   |  |                                       |                                  | FEE CALCULATION (continued)   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
|---|--|---------------------------------------|----------------------------------|---|--------------|----------------|----------|----------------------|--|----------------------|----------------------------------|--------------------|----------------------|---------------------------------------|----------------------|--------------------|-----|----------------------|----------------------------------|--|--|-----|----|--------------|--------------|---|----------|-----|-----|-----|-----|---------------------------|--|-----|-------|-----|-------|--|--|-----|------|-----|------|--|--|-----|--------|-----|--------|---|--|-----|-----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----------|-----|-----|-----|-----------------------------------|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|-----------------------|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <input type="text" value="04-1928"/></p> <p>Deposit Account Name <input type="text" value="E. I. du Pont de Nemours and Company"/></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>   |  |                                       |                                  | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="2"></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td colspan="2">Surcharge - late filing fee or oath</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td colspan="2">Surcharge - late provisional filing fee or cover sheet.</td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td colspan="2">Non-English specification</td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td colspan="2">For filing a request for reexamination</td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td colspan="2">Requesting publication of SIR prior to Examiner action</td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td colspan="2">Requesting publication of SIR after Examiner action</td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td colspan="2">Extension for reply within first month</td> </tr> <tr> <td>116</td> <td>390</td> <td>216</td> <td>195</td> <td colspan="2">Extension for reply within second month</td> </tr> <tr> <td>117</td> <td>890</td> <td>217</td> <td>445</td> <td colspan="2">Extension for reply within third month</td> </tr> <tr> <td>118</td> <td>1,390</td> <td>218</td> <td>695</td> <td colspan="2">Extension for reply within fourth month</td> </tr> <tr> <td>128</td> <td>1,890</td> <td>228</td> <td>945</td> <td colspan="2">Extension for reply within fifth month</td> </tr> <tr> <td>119</td> <td>310</td> <td>219</td> <td>155</td> <td colspan="2">Notice of Appeal</td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td colspan="2">Filing a brief in support of an appeal</td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td colspan="2">Request for oral hearing</td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td colspan="2">Petition to institute a public use proceeding</td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td colspan="2">Petition to revive - unavoidable</td> </tr> <tr> <td>141</td> <td>1,240</td> <td>241</td> <td>620</td> <td colspan="2">Petition to revive - unintentional</td> </tr> <tr> <td>142</td> <td>1,240</td> <td>242</td> <td>620</td> <td colspan="2">Utility issue fee (or reissue)</td> </tr> <tr> <td>143</td> <td>440</td> <td>243</td> <td>220</td> <td colspan="2">Design issue fee</td> </tr> <tr> <td>144</td> <td>600</td> <td>244</td> <td>300</td> <td colspan="2">Plant issue fee</td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td colspan="2">Petitions to the Commissioner</td> </tr> <tr> <td>123</td> <td>130</td> <td>123</td> <td>130</td> <td colspan="2">Petitions related to provisional applications</td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td colspan="2">Submission of Information Disclosure Stmt</td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td colspan="2">Recording each patent assignment per property (times number of properties)</td> </tr> <tr> <td>146</td> <td>710</td> <td>246</td> <td>355</td> <td colspan="2">Filing a submission after final rejection (37 CFR § 1.129(a))</td> </tr> <tr> <td>149</td> <td>710</td> <td>249</td> <td>355</td> <td colspan="2">For each additional invention to be examined (37 CFR § 1.129(b))</td> </tr> <tr> <td>179 (RCE)</td> <td>710</td> <td>279</td> <td>355</td> <td colspan="2">Request for Continued Examination</td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td colspan="2">Request for expedited examination of a design application</td> </tr> <tr> <td colspan="4">Other fee (specify) .....</td> <td colspan="2">SUBTOTAL (3) (\$ 130)</td> </tr> </tbody> </table> |              |                |          | Large Entity         | Small Entity                           |                      |                                  | Fee Code           | Fee (\$)             | Fee Code                              | Fee (\$)             | 105                | 130 | 205                  | 65                               | Surcharge - late filing fee or oath  |  | 127 | 50 | 227          | 25           | Surcharge - late provisional filing fee or cover sheet. |          | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month                     |  | 116 | 390 | 216 | 195 | Extension for reply within second month |  | 117 | 890 | 217 | 445 | Extension for reply within third month |  | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month |  | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month |  | 119 | 310 | 219 | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 130 | 123 | 130 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 (RCE) | 710 | 279 | 355 | Request for Continued Examination |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) ..... |  |  |  | SUBTOTAL (3) (\$ 130) |  |
| Large Entity  | Small Entity                           |                                       |                                  |   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| Fee Code  | Fee (\$)                               | Fee Code                              | Fee (\$)                         |   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 105   | 130                                    | 205                                   | 65                               | Surcharge - late filing fee or oath   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 127   | 50                                     | 227                                   | 25                               | Surcharge - late provisional filing fee or cover sheet.   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 139   | 130                                    | 139                                   | 130                              | Non-English specification   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 147   | 2,520                                  | 147                                   | 2,520                            | For filing a request for reexamination  |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 112   | 920*                                   | 112                                   | 920*                             | Requesting publication of SIR prior to Examiner action  |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 113   | 1,840*                                 | 113                                   | 1,840*                           | Requesting publication of SIR after Examiner action   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 115   | 110                                    | 215                                   | 55                               | Extension for reply within first month  |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 116   | 390                                    | 216                                   | 195                              | Extension for reply within second month   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 117   | 890                                    | 217                                   | 445                              | Extension for reply within third month  |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 118   | 1,390                                  | 218                                   | 695                              | Extension for reply within fourth month   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 128   | 1,890                                  | 228                                   | 945                              | Extension for reply within fifth month  |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 119   | 310                                    | 219                                   | 155                              | Notice of Appeal  |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 120   | 310                                    | 220                                   | 155                              | Filing a brief in support of an appeal  |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 121   | 270                                    | 221                                   | 135                              | Request for oral hearing  |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 138   | 1,510                                  | 138                                   | 1,510                            | Petition to institute a public use proceeding   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 140   | 110                                    | 240                                   | 55                               | Petition to revive - unavoidable  |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 141   | 1,240                                  | 241                                   | 620                              | Petition to revive - unintentional  |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 142   | 1,240                                  | 242                                   | 620                              | Utility issue fee (or reissue)  |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 143   | 440                                    | 243                                   | 220                              | Design issue fee  |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 144   | 600                                    | 244                                   | 300                              | Plant issue fee   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 122   | 130                                    | 122                                   | 130                              | Petitions to the Commissioner   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 123   | 130                                    | 123                                   | 130                              | Petitions related to provisional applications   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 126   | 180                                    | 126                                   | 180                              | Submission of Information Disclosure Stmt   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 581   | 40                                     | 581                                   | 40                               | Recording each patent assignment per property (times number of properties)  |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 146   | 710                                    | 246                                   | 355                              | Filing a submission after final rejection (37 CFR § 1.129(a))   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 149   | 710                                    | 249                                   | 355                              | For each additional invention to be examined (37 CFR § 1.129(b))  |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 179 (RCE)   | 710                                    | 279                                   | 355                              | Request for Continued Examination   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 169   | 900                                    | 169                                   | 900                              | Request for expedited examination of a design application   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| Other fee (specify) .....   |  |                                       |                                  | SUBTOTAL (3) (\$ 130)   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> <tr> <td><input type="text"/></td> <td>-20** = <input type="text" value="0"/></td> <td><input type="text"/></td> <td>= <input type="text" value="0"/></td> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td><input type="text"/></td> <td>-3** = <input type="text" value="0"/></td> <td><input type="text"/></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td><input type="text"/></td> <td>= <input type="text" value="0"/></td> </tr> </tbody> </table> |  |                                       |                                  | Total Claims  | Extra Claims | Fee from below | Fee Paid | <input type="text"/> | -20** = <input type="text" value="0"/> | <input type="text"/> | = <input type="text" value="0"/> | Independent Claims | <input type="text"/> | -3** = <input type="text" value="0"/> | <input type="text"/> | Multiple Dependent |     | <input type="text"/> | = <input type="text" value="0"/> | <p>Fee Description</p> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td colspan="2">Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td colspan="2">Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td colspan="2">Multiple dependent claim, if not paid</td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td colspan="2">** Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td colspan="2">** Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> |  |     |    | Large Entity | Small Entity | Fee Code  | Fee (\$) | 103 | 18  | 203 | 9   | Claims in excess of 20    |  | 102 | 80    | 202 | 40    | Independent claims in excess of 3      |  | 104 | 270  | 204 | 135  | Multiple dependent claim, if not paid                  |  | 109 | 80     | 209 | 40     | ** Reissue independent claims over original patent  |  | 110 | 18  | 210 | 9  | ** Reissue claims in excess of 20 and over original patent |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| Total Claims  | Extra Claims                           | Fee from below                        | Fee Paid                         |   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| <input type="text"/>  | -20** = <input type="text" value="0"/> | <input type="text"/>                  | = <input type="text" value="0"/> |   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| Independent Claims  | <input type="text"/>                   | -3** = <input type="text" value="0"/> | <input type="text"/>             |   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| Multiple Dependent  |  | <input type="text"/>                  | = <input type="text" value="0"/> |   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| Large Entity  | Small Entity                           | Fee Code                              | Fee (\$)                         |   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 103   | 18                                     | 203                                   | 9                                | Claims in excess of 20  |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 102   | 80                                     | 202                                   | 40                               | Independent claims in excess of 3   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 104   | 270                                    | 204                                   | 135                              | Multiple dependent claim, if not paid   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 109   | 80                                     | 209                                   | 40                               | ** Reissue independent claims over original patent  |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| 110   | 18                                     | 210                                   | 9                                | ** Reissue claims in excess of 20 and over original patent  |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |
| SUBTOTAL (2) (\$ 0)   |  |                                       |                                  | *Reduced by Basic Filing Fee Paid   |              |                |          |                      |  |                      |                                  |                    |                      |                                       |                      |                    |     |                      |                                  |  |  |     |    |              |              |   |          |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |           |     |     |     |                                   |  |     |     |     |     |   |  |                           |  |  |  |                       |  |

\*\*or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY      |  | Complete (if applicable)         |  |  |
|-------------------|--|----------------------------------|--|--|
| Name (Print/Type) | <input type="text" value="Kening Li"/> | Registration No. Attorney/Agent) | 44,872                                       | Telephone <input type="text" value="302-8992-3749"/> |
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| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 09/740,288         | 12/19/2000          | Stephen M. Allen      | BB1429 US NA           |

**CONFIRMATION NO. 8577**

23906  
 E I DU PONT DE NEMOURS AND COMPANY  
 LEGAL DEPARTMENT - PATENTS  
 1007 MARKET STREET  
 WILMINGTON, DE 19898

**FORMALITIES LETTER**



\*OC000000005914278\*

Date Mailed: 03/29/2001

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

### FILED UNDER 37 CFR 1.53(b)

#### *Filing Date Granted*

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 130.**
  
- A copy of the "Sequence Listing" in computer readable form has been submitted. However, the content of the computer readable form does not comply with the requirements of 37 C.F.R. 1.822 and/or 1.823, as indicated on the attached copy of the marked -up "Raw Sequence Listing." Applicant must provide a substitute computer readable form (CRF) copy of the "Sequence Listing" and a statement that the content of the sequence listing information recorded in computer readable form is identical to the written (on paper or compact disc) sequence listing and, where applicable, includes no new matter, as required by 37 CFR 1.821(e), 1.821(f), 1.821(g), 1.825(b), or 1.825(d).

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